

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>1066457</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13		/					63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27	/						77
28							78
29							79
30							80
31							81
32							82
33	/						83
34		/					84
35		/					85
36		/					86
37		/					87
38		/					88
39	/						89
40		/					90
41		/					91
42		/					92
43		/					93
44	/						94
45		/					95
46		/					96
47		/					97
48		/					98
49		/					99
50		/					100
TOTAL IND.							TOTAL IND. <i>6</i>
TOTAL DEP.							TOTAL DEP. <i>25</i>
TOTAL CLAIMS							TOTAL CLAIMS <i>31</i>